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EXTRACT FROM A DISSERTATION ON THE THEORY OF CHOLERA —ASIATICA EPIDEMICA.

Read before the Medico-Chirurgical College of Philadelphia, by John Dawson, M.D., Member of the Medico-Chirurgical College of Philadelphia, of the Northern Medical Association, and of the Philadelphia County Medical Society.

CHAPTER IV.

I.—We come now to a consideration of the *cause* of cholera.

(*a*) The *efficient* cause, or promoter of this disease, we conceive to be purely atmospherical, aerial, or gaseous. "The air," it has been very appropriately and philosophically expressed, "is a very heterogeneous mixture; being filled with vapors of all kinds." The experiments hitherto made to detect the presence of any new combination of particles, or extraneous matters, in the air, supposed to be inpregnated with some deleterious agent, have been wholly unsatisfactory. Shall we thence conclude that anything of this nature is improbable? Because the eye of an investigator does not now see it, or appreciate it, therefore is it impossible and utterly denied? As well, perhaps, might we dispute the existence of a spirit in man, because we cannot clearly distinguish it.

(*b*) Speculations have already been advanced by medical men in India and in Europe, to the effect that it is attributable to a deficiency of oxygen and an increase of nitrogen and carbonic acid. It may, or it may not, be so. But, admitting to some extent the correctness of this supposition, the greater probability in our estimation is, that there is a peculiar, special or extraordinary arrangement of aeriform fluids, effected by laws governing chemical, electrical and magnetical action under certain conditions, whereby a new mixture is introduced, or produced, within a given space, in remote tropical regions of Asia. These agencies are constantly operating in the great laboratory of the atmosphere, and are doubtless influenced by the opposite extremes of heat and cold, by dryness and moisture, by the ordinary elasticity and compressibility of gases, by molecular forces and affinities, acting and re-acting between the simple elementary particles themselves.

(*c*) Now, the question arises, is there any potency or power in these causes or agencies, so to affect the constituents of the air as to alter or change them in any degree?

(*d*) Experimental chemists usually put down results ascertained in the laboratory. But the room of an investigator, and a position five, six or ten miles above the surface of the earth, are very dissimilar in character, which may so modify results as to sanction some difference on that account. A chemical result derived in one place, by agencies which may be appreciated by the senses, or tests that are employed, may be entirely different under another class of circumstances, which cannot be exactly known. Farther, all the exciting, disturbing, or deranging influences are not and cannot be precisely identical in the two situations. The most virulent poisons, when analyzed, are found to be identical in their elementary components and equivalents, with some of the most cherished nutritious articles in common use. In this case, the molecular arrangement between the particles composing the masses, being different, constitutes the wide dissimilarity in their inherent virtues and effects.

(e) With this distinction understood, we can trace more clearly the action of electricity on simple gaseous substances, so as to produce new combinations or arrangements between them. The decomposition of water can, of course, be effected by this agency, whereby that useful compound is dissolved into its two primary gaseous forms. Certain bodies embraced in the organic as well as the inorganic divisions of nature, may be made to exhibit the phenomena of magnetism by the influence of electrical currents. We mean by this observation, that the operations of electricity and magnetism are precisely identical in some respects. These are established facts according to the present received systems of the electrical and electro-magnetical sciences.

Recognizing then the air, as we find it, to be a compound of definite proportions or equivalents, of boundless atoms, consisting of nitrogen, oxygen, carbonic acid, and other principles, or elementary constituents, occasionally existing in it to a limited extent (as for instance, one of the components of water, viz., hydrogen found in vapors, a trace of free ammonia, which could readily be formed by the union of nitrogen and hydrogen), we have the subtle forces of electricity and electro-magnetism, and the inherent chemical powers of gaseous substances, to effect, by an active conjunction of atoms, any specific change to a circumscribed limit, in the ordinary physical arrangement of the atmosphere. This alteration may and does take place, we believe, and the result is the elimination of an indefinite amount, or bulk, of a pernicious gaseous matter, which is inimical, under certain favoring conditions, to human life. Having thus been generated, we suppose it to possess qualities or properties of inherent molecular affinity or attraction, somewhat, perhaps, of an electro-magnetic character, precluding its ready or easy admixture with the surrounding volume of atmosphere pressing against it. This poisoned air then travels in veins, layers or strata, to use a geological term—moving at a fixed rate, or remaining stationary for a time, according to the varying state of the air, to the velocity or comparative rest of the exterior currents, but not susceptible of commingling or readily mixing with them, though capable of division into lesser portions, and that these agglomerate masses move nearer or farther from the earth's surface, in proportion to the existing density or rarity of the superincumbent innoxious air.

II.—Might we not here be permitted to remark, that if watery vapors can be carried through the air from one distant point to another, as in the instance of incipient showers of rain, or the elements of water drawn up from the ocean to a cloud, by the visible phenomenon of a water spout, and conveyed away to a distance, why is it, it may be inquired, either improbable, or impossible, that any analogous aerial, or peculiar gaseous compound, should not also be transmitted along the same comparatively unobstructed highway? On these grounds, therefore, we infer, that its movements are similar to those of clouds, containing the elementary constituents of water, which float through the air, while portions may occasionally be thrown down, or precipitated, but not absorbed by the ground, as in the case of water.

III.—In short, it is neither unphilosophical nor irrational to conjecture that the injurious compound of gaseous matter, which occasions the disease, prepared or separated from the elementary bodies previously described, proceeds in its peregrinations, as an invisible *cholera cloud*, after the similitude of veins, or layers, here resting on the bosom of the earth, and there rising upwards, as the exterior currents, or volumes of atmospherical air—their weight, pressure or force, being duly considered—favor its course in one or the other direction. And in its progress, or transit from country to country, it is probably split up, divided and subdivided by means of mountains, lofty hills or forests, or other obstructions, which it might perchance encounter. Ultimately, the "cholera cloud" (a name we have given it for want of a better) and its several fragments get decomposed, neutralized, or lost, so to speak, at particular spots as yet undetermined, by the surrounding particles of pure air, when favorably arranged, and sufficiently concentrated within a given space, for the accomplishment of that specific change. After the fashion in which it was originally generated, electrical action, besides some influences pertaining to sudden, excessive and violent atmospherical changes, as heavy rains, storms, &c., doubtless aid in this purifying process and result.

IV.—Considering the fickleness hitherto observed in the movements and manner of development of the disease, by its suddenly breaking out in one place, and not in another; by its presenting itself in one spot, subsiding altogether and then returning; by its passing one particular town, city or village, or series of them, and appearing in others, which might seem to be out of its ordinary or expected track, we believe some hypothesis like that adopted in this theory, would alone account for all the irregularities indicated.

V.—With one general remark respecting the peculiarities of the atmosphere, we will quit this section of our subject. The most indifferent spectator must feel convinced of the fact, by one moment's reflection, that certain atmospherical phenomena are among the most striking and vivid of nature's operations and works. Who, that looks abroad on a summer's day, on the beautiful blue arch of heaven, adorned with its silvery hues, and radiant with glittering sunbeams, and then suddenly beholds the whole scene changed into one that is dark, yet magnificent with stormy splendor, and does not realize that those elementary things, which are in commotion before him, and which, in some respects, he sees, he hears and feels, are capable of assuming, under the force possibly of irregular laws, in remote, unwholesome regions of the air, forms, shapes and character, that might palsy his heart's blood, and destroy his being? He scans, with thoughtful eye, the massy clouds, now spreading their vapory wings both far and high, forbidding oft even the very entrance of a ray of light. They are black and charged with an imponderable element. Presently he sees the flashing fires of electricity, and hears its thundering peals, and yet, perhaps, the custom is to say, it were a thing incredible, that out of that boundless store of varied atoms, an arrangement, combination, modification, or change could take place, whereby there was produced a given volume of an injurious mixture, possessing a deadly power over the human system, and working death to millions of mankind! It is no fiction. The picture is true to life!

APPARATUS FOR THE TREATMENT OF FRACTURES.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—In the last volume of your Journal, Dr. George O. Jarvis has detailed an account of an operation performed by him with his "adjuster," so called, followed by remarks, in which he attempts to make it appear that his *principle* of operating is new, an invention of his own, never known or used before his time; and that his machine is the only means now in existence proper to be used in the treatment of fractures and dislocations. I have also read in several former numbers of the Journal various notices of this apparatus, some having Dr. Jarvis's proper signature, and others without it, of which he might or might not be the author; all tending to extol the proprietor and recommend the machine as a *sine qua non* in the proper treatment of fractures and dislocations. The "adjuster" has been advertised for several years, and I believe great numbers have been sold, and I do not recollect of seeing anything in your pages calling in question the merits which its proprietor claims for it. In the last number of the Journal it is stated that George Kellogg, Esq., of Derby, Conn., has compiled a treatise illustrating the benefits of Dr. Jarvis's surgical adjuster.

I have not the pleasure of knowing Dr. Jarvis, nor do I know what reputation his apparatus may sustain abroad; but for myself I am not ready to believe that it exhibits the discovery or application of any new principle, or that it is the *only* or even the *best* means proper to be employed in the treatment of fractures and dislocations. Ample time has been allowed for its trial; and if it is all that the proprietor represents it to be, its merits ought by this time to be so well known as to render further puffs unnecessary. The subject is certainly of sufficient importance to deserve investigation; and if this contrivance is of so much importance to the profession, let it be acknowledged—if not, let it be known.

In the first place, let us inquire what philosophical or mechanical principle has been for the first time applied in the use of this machine. Extension and counter-extension have always been the principal means employed in the reduction of dislocations. When the contraction of the muscles which confine the limb in its abnormal situation has been overcome by these means, the proximal extremity of the dislocated bone is moved laterally as much as may be necessary to allow the muscles, when the traction is discontinued, to carry the bone back to its normal situation. Various appliances have been employed by different individuals, at different times; muscular force and every mechanical power has been tried, all for the same purpose, and upon the very same *principle*. But Dr. Jarvis tells us that his machine enables the muscles to *assist* in the reduction. Have not the muscles always assisted in restoring the limb to its normal position, when extension and counter-extension have been made by other means? What but the action of the muscles ever forces the dislocated head of a bone back to its socket? But Dr. Jarvis tells us that his machine acts upon true philosophical principles, by applying the force in the line of the axis of the limb. So do various other means; and if some do not act precisely in the line of the axis of the dislocated portion of a limb, it may be sufficiently near for any practical purpose; and indeed there are very many instances in which such an application of power would be injurious. The head of a dislocated bone may be entangled in ligaments and muscles, from which it must be disengaged by other means; and besides, the line of the axis of the dislocated portion of a limb is not always parallel with the axis of the muscles whose contraction is to be overcome. But if it were necessary that the force applied should always operate in the exact line of the shaft of the bone, Jarvis's one-machine for all sorts of dislocations and fractures, in subjects of all ages and sizes, will not accomplish the object. In the reduction of fractures and dislocations, that method is best which requires the least use of force; and for this purpose different cases often require different means. It is acknowledged that his machine will enable a single individual to use immense force of extension and counter-extension, and some might be led to suppose that its value was in proportion to its power. This might be true of a machine for raising rocks, but is not true in this case. It is not so much an increase of power that is wanted in this department of surgery, as a knowledge of the best means to dispense with its use. Irreparable mischief has often been done by the application of too great force in attempts at reduction; anatomical cabinets abound with many sad examples of this kind. The shoulder had better remain dislocated, and allowed to accommodate itself to its new position, by which it will in time acquire a tolerable degree of usefulness, than to be reduced by a force that lacerates its ligaments, paralyzes its muscles, and renders the limb ever afterwards powerless. From these considerations the most skilful surgeons have ever been cautious and sparing in the use of force; and therefore bleeding, warm baths and nausea have long been in use to produce relaxation, and render the least possible force necessary—and now ether and chloroform are employed for the same purpose. Sir Astley Cooper, whose experience in this department of surgery has never been surpassed, always had recourse to more or less of these means in every difficult dislocation. Universal experience confirms the wisdom of this practice, and shows that all recent dislocations may by such means be generally reduced without difficulty.

In dislocations of the shoulder, Dr. Jarvis seems to suppose that the capsular ligament is ruptured longitudinally, and that the head of the humerus passes through the slit, which soon closes up and shuts the head of the bone out of the glenoid cavity, and hinders a reduction by ordinary means; and that by the use of his apparatus, the muscles of the arm are made to drive the head of the bone back again. Another longitudinal slit is made, and "all is right." This specious hypothesis is untrue in fact, and dangerous in its consequences. The anatomy of the part, as well as *post-mortem* examinations, show that such is not the case, and that the head of the humerus is not likely thus to suffer occlusion. The capsular ligament is more likely to be torn from its attachments than separated in its centre; nor is it possible that the head of the humerus should by such means be entirely shut out from its cavity—and even if such a case should occur, nothing but dissection could show it, and it would not be reasonable to suppose that the blunt head of that bone could by such means be made to pierce the ligament, to use the language of Dr. Jarvis, "as an arrow does a board." If the ligament intervened between the head of the humerus and the glenoid cavity, it would be pressed against a surface but slightly concave; the scapula being loose would recede from the force of the blow, and the ligament being elastic would yield to the pressure, without the possibility of a longitudinal division. There is no doubt but by long-continued and violent extension, and by using the arm as a lever, the ligament may be torn from its attachments, and by such means the head of the bone, being thus set at liberty, might be carried into or near its normal situation. But all experience proves that a permanent dislocation is preferable to the risk of such an operation.

Dr. Jarvis is the patentee proprietor, and claims to be the inventor, of this instrument, which he has named "adjuster." Now let me ask what part of this apparatus has he a right to claim as his original invention? Not the double-inclined plane, certainly, because this has been in general use for a long time. The fracture shoe is also an old affair, and not really worth more than any other old shoe, unless a pair of them might be needed for some masquerade ball. But the rack-bar and pinion wheel seem to be the grand arcana, the body and soul of the whole apparatus; and these were invented and used by M. Belloq in France more than a century ago! It may be that the rack and pinion of Belloq were not so nicely wrought, so finely polished, or so judiciously applied; but the principle upon which they operated was the same. It is possible that some of the forks, perhaps that for the elbow, may be original; for I presume that nobody ever saw anything exactly like it before.

I do not say that this apparatus is worth nothing at all; but I do say that very little if any part of it is the original invention of Dr. Jarvis, and that it is not by any means *indispensable* in the treatment of fractures and dislocations. What if he has succeeded in reducing dislocations which had resisted some other means in the hands of some other men? This is no just argument against all other means and all other men; for other men and other means not employed might have succeeded as well or better.

One great reason why attempts to reduce grave luxations so often fail, is because the force is too rashly applied, and too soon abandoned. Dr. Jarvis applies the force gradually and steadily for a long time; muscular contractions and tendinous rigidity are slowly overcome, but they yield by degrees to continued force, and at length the object is attained. And this patient, determined perseverance, is the secret of his success, especially in old cases. In the getting up and distribution of this apparatus, Dr. Jarvis has shown a laudable perseverance. The Adjuster seems to have been his "one idea." With it he has traversed the globe, and exhibited this specimen of yankee ingenuity to the savans of Europe, who no doubt regarded it as a *curiosity*; but I think he is much mistaken if he regards English urbanity and French courtesy as so many evidences in favor of his machine. I am aware that he exhibits a proud array of splendid testimonials, and that he received a gold medal from the hand of Prince Albert. Yet, after all, I am obliged to regard this patented one-remedy for fractures and dislocations of all kinds, as belonging to the great family of yankee humbugs, which has now become very large. I entertain a strong aversion to whatever is patented in medicine, whether therapeutical or surgical, and I am confident that in many instances the principal value of the article consists in the fact that it is patented.

Although the members of our profession are generally pretty well supplied with the adjuster, yet, so far as I can learn, it is but little used in hospital or private practice. Many a purchaser would be glad to dispose of it at a large discount, and for various reasons I am satisfied that it can never go into extensive use. Many a young graduate, fascinated with the exhibition of so much polished machinery, so nicely packed in its mahogany box, and enchanted by the gorgeous catalogue of high testimonials, collected by the proprietor, has been led to suppose that his very first object, after paying for his diploma, should be to purchase Dr. Jarvis's Surgical Adjuster; thinking, perhaps, that the possession of this would contribute to his reputation as a surgeon, about as much as a tour to Europe. It is time, I think, that this mistake was corrected, and the younger members of the profession, who are the principal purchasers, and who are often illy able to pay this tax, should be informed that they may, without disparagement to themselves or injustice to their patients, wholly dispense with this apparatus.

Perhaps I may be asked, what other means shall be employed? I am not now giving a lecture upon the treatment of fractures and dislocations, nor shall I enter into a consideration of the advantages and disadvantages of different methods. Some diversity of treatment is observed in hospital and private practice, and eminent operators are often partial to their own peculiar means. The January number of the London Lancet, which is certainly very high authority, contains engravings showing that the methods now employed there in dislocations of the hip and shoulder, are, with slight variations, the same that were used by Sir

Astley Cooper, recommended by Fergusson and others, and now in general use throughout Great Britain, France and America. In addition to the ordinary means, the surgeon may see, on the counter at Mr. Burnett's, 33 Tremont Row, Boston, an apparatus similar to one that I have used for many years, which I think has all the advantages that belong to the adjuster, whilst it is much more simple, lighter and cheaper, is less liable to injury from use, and can be worn if necessary with less inconvenience. As this instrument is offered freely for public inspection, it is not necessary for me to describe it, nor shall I have the arrogance to assert that this is better than anything else. Physicians and surgeons can examine it for themselves, and judge of it as they think proper. I will only say that such is the apparatus which I have used for many years, and always to my entire satisfaction; it can be adapted to a great variety of cases, and is, I think, worth much more than Jarvis's adjuster, although it will not cost much more than one quarter the price demanded for his. It is not and will not be patented. If the plan is worth anything, it is free to all who may see fit to use it. The specimen seen at Mr. Burnett's was manufactured by Mr. George B. Foster, of this place, who will furnish others, if required, at a reasonable price; or any surgeon can employ his own favorite machinist. It can be used by any competent surgeon, without a volume of lectures and directions, and it will not be found necessary to use two instruments at the same time, as Dr. Jarvis recommends in dislocations of the elbow.

Taunton, March, 1849. DAN KING.

A REPORT OF CHEMICAL ANALYSES AND EXAMINATIONS OF FOUR SAMPLES OF SARSAPARILLA.

MADE BY REQUEST OF MESSRS. EDWARD BRINLEY & CO., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

THE samples, which were the subjects of experiment, were purchased by myself from Messrs. Carleton & Hovey, of Lowell, and are such as are sold by the most respectable apothecaries. They are compounds of medicinal roots and barks, with sweet syrups, alcohol and volatile oils. Strictly, their relative values are respectively as the quantity of extract of sarsaparilla in each sample; but as compound medicines, they may have curative powers, not dependent on the presence of sarsaparilla. In the experiments, no exact weight of sarsaparilla could be separated, but an approximative result was obtained by using equal weights of the dry extract from each, and relying on *only one* character of sarsaparilla.

1st. *Sands's Sarsaparilla,* prepared and sold by A. B. & D. Sands, New York.

A clear light-brown fluid, having the odor of winter green; an aromatic, with bitter taste. 33 ounces were contained in each bottle. The fluid has a sp. gr. compared with water of 1.1014. In 100 parts of the fluid, $35,\frac{06}{100}$ of solid matter dried at 180° F., existed. From 100 parts of the fluid $16,\frac{45}{100}$ of absolute alcohol, or about 35 per cent. of proof spirit, were obtained. The dried extract contained no metallic compound, but consisted mostly of sweet syrup, extracts of bitter and aromatic substances, with sarsaparilla. The preparation has, in some respects, the character of a tincture, as water does not give a clear fluid with its extract.

2d. *Old Dr. Townsend's Compound Syrup of Sarsaparilla*, New York.

This was a clear dark-brown syrup, having a sp. gravity of 1.095. Odor of winter green, and a taste of aromatics, with slightly bitter substances. About 30 oz. are contained in each bottle. 100 parts contain 35 parts of extract dried at 180° F., and this consists of sugar, syrup, extract of roots or barks, and probably senna, with sarsaparilla. 100 parts afforded $8\frac{35}{100}$ pure alcohol, or about 18 of proof spirit. No metallic compounds could be detected.

3d. *Dr. Townsend's Sarsaparilla*, Albany, N. Y., in nearly black bottles. This syrup, when received, exhibited a slight degree of fermentation. Placed in a warm stove at 90° F., it fermented; the alcohol and molasses passed into acetic acid, or vinegar. It was a turbid, dark-brown fluid, with odor of winter green. Its taste sweet, with a slight earthy impression. Each bottle contains 30 oz. of the fluid. 100 parts of the fluid afford $23\frac{1}{13}$ parts of extract, dried at 180° F. This extract is composed of molasses, extract of roots, or barks, and probably senna with sarsaparilla. The proportion of molasses is large, and no sugar could be detected. Excepting this variation, the general properties were those of No. 2. 100 parts afforded $11\frac{2}{}$ parts pure alcohol, or about 25 parts of proof spirit.

4th. *Corbett's Shakers' Compound Concentrated Syrup of Sarsaparilla.*

The samples were a clear brown syrup, having the odor of mixed oils of sassafras and winter green; taste sweet, with the acrid and bitter of sarsaparilla. The fluid has a sp. gr. of 1.1968. 12 oz. were contained in each bottle. 100 parts afforded about 5 of pure alcohol, or 11 per cent of proof spirit. 100 parts were reduced to 55 parts, dried at 180° F. This extract was quite compound in composition, and afforded sugar, extracts of roots or barks, iodide of potassium and compounds of magnesia, sassafras and sarsaparilla. The odor denoted that the ingredients had been used from a fresh, or well-preserved state. No metallic taint, or compound, existed in it. At my request, the formula for this preparation was placed in my hands, and with this for a guide, it was easy to learn that a strict adherence to its terms had been complied with by the proprietor; indeed, few preparations of a compound character exist, where so much skill and knowledge are shown in the selection of the substances and mode of combining them.

The study of the medicinal effects of all these compound solutions containing sarsaparilla, belongs to the practitioner; and in this instance every facility has been offered to some of our most accurate observers, and on their high estimate of its value, I am disposed to rely.

I have alluded to one mode of approximating to the relative proportions of sarsaparilla, in the different compounds compared. By this I find equal weights of the dried extracts, from the above-named preparations, to afford indications thus:—

Corbett's	80.
Sands's	62.
Old Dr. Townsend's	50.
Dr. Townsend's	44.

I give these as the only determinations I have been able to make, and they may not prove to be strictly accurate. Respectfully,

8th March, 1849. Aug. A. Hayes, *State Assayer.*

TREATMENT OF MALARIOUS DISEASES AT THE WEST.

[Communicated for the Boston Medical and Surgical Journal.—Continued from p. 164.]

Piperine has been a favorite with a few physicians; but it is only adapted to some forms of intermittents, and is very uncertain in its curative properties. As an adjuvant in the latter stages of fever, where great torpor of the circulation prevails, it may be a good addition to a prescription, but can never hold any rank at all with quinine in the essential qualities of a febrifuge.

Salacine has been quite extensively tried; but its uncertainty and the large doses required, place it much lower in the scale of remedies now than its advocates had any conception of when it was first introduced into practice. On the score of economy, it is not likely to supersede quinine, if it were as efficacious a remedy. Salacine will figure most, I apprehend, in adulterating quinine; and western physicians may thank their fortune, and western patients too, for that matter, if no worse substance be used for that purpose.

Strychnine has within a few years been employed in the West, in the treatment of intermittent fever. But the opinions regarding its use are quite contradictory; some having great confidence, and are generally successful, if we are to credit their reports, while quite the reverse is the testimony of others. One thing is quite certain—it is too dangerous a medicine for every-day use, and if it does not kill some patients outright, it may produce effects far worse than the disease for which it is given.

Arsenic has been quite extensively employed, from time to time, especially when it was difficult to procure quinine; but it only answers in a limited range of treatment, and is admissible only in the intermittent form of malarious diseases. In some cases of neuralgia, or headache of a malarious origin, it has been found serviceable; but its long-continued employment is apt to derange the digestive organs, and induce dropsy and cachexia. And in the hands of a rash practitioner, it may make a most unpleasant and even a fatal dose.

These are the principal and most common articles prescribed in the West for fevers. But as they are continually relapsing, after being broken up, it is quite advisable that some medicine shall be fixed upon, not only to arrest the fever, but to prevent a return. I have already mentioned the method of giving quinia at stated periods after its first exhibition, but it will not always prevent its return. Some medical men prefer Peruvian bark, either in powder, decoction or tincture; while others prefer the extract of cinchona. It is found, on experience, that the bark, in substance or extract, is a far better tonic than quinine, and therefore better to brace the system against relapses; while it is far inferior to quinine in arresting the fever.

From the universal prevalence of fever throughout the West, physicians there become very skilful in its treatment; and it is a most fortunate thing that this is the case—for should the fevers be as protracted and tedious as are some of the typhus and typhoid fevers of the East, there would not be medical men enough to attend to a tithe of the cases which happen almost annually throughout the broad West. One physician informed me that he saw and prescribed for 6500 patients with fever in one year, and that in a country practice in a circle of 30 miles, and three fourths of the cases occurred within the months of August, September and October—the visits averaging one and a half to each patient. In this time he dealt out to these patients 150 ounces of sulphate of quinine, at a cost of $375,00, or at the rate of $2,50 per ounce. But this was nearly the whole cost, or at least was a great proportion. The next most expensive article was morphine, which amounted to 24 drachms, or three ounces, at $3,75 the ounce, amounting to $10,75. The next on the list was extract of Peruvian bark, at 50 cents the ounce, 10 ounces—$5,00. Salacine, four ounces, at $1,50 per ounce—$6,00. Piperine, two ounces, at $1,50. Turkey rhubarb, two pounds, $2,50, or $1,25 per pound. Aloes succotine one pound, ipecac. one and a half pound, calomel one quarter of a pound, blue mass one and a half pound. A few other unimportant articles made up the medicines used in the treatment of these 6500 cases of fever. A country practice at the West is entirely different from one at the East, for the physician is expected to furnish all the medicines which he prescribes for his patient, even to the castor oil and Epsom salts, and must carry it with him ready to dispense at once. In the cities and large villages this practice, of course, is not in vogue. The small quantity of calomel on the above list will strike many with astonishment, especially those who have considered western physicians as particularly expert in its prescription. I do not wish it to be understood that the small quantity used in this particular instance is by any means the ordinary quantity in such cases. There are those who yet use this article very freely, too much so for their patients' good, no doubt. But still I am inclined to think that its use is much less now than it was a few years since, and restricted to a rational and better-understood pathology. And what is strange, yet perfectly consistent with quackery, those who clamor the most loudly against its employment, probably deal out the most, but do it in disguise. These empirics have the greatest number of sloughing gums, cheeks and lips, all the while protesting against the use of calomel. What I assert can be most amply proved by the testimony of great numbers of the most respectable witnesses.

Cathartics of any description are more seldom employed by the judicious and educated physician than formerly. They are restricted to those cases where costiveness, or an over-loaded stomach and bowels, imperiously demand their administration, and are not used merely for the purpose of doing *something*. Most of the physicians who are celebrated in the treatment of malarious complaints, are careful to preserve the mucous membranes of the alimentary canal intact; for experience teaches that those cases which are not broken up by quinine in the early stages of the fever, owe their continuance, in a majority of instances, to an acute, sub-acute or chronic form of gastro-enteritis, and brought on probably by injudicious emesis or catharsis, or both. Emetics are as pernicious as cathartics, especially when lobelia or tartrate of antimony is employed, and cases of their use are too numerous to escape the observation of the public, who estimate correctly their true value. I am not condemning emetics or cathartics in total, in malarious fevers; but the cases are extremely rare where they do good, and generally they do decided harm. Tartrate of antimony should never be used as an emetic, or even in small doses, where the mucous membranes of the stomach and bowels are inflamed. But I regret to be obliged to say that there is a class of practitioners who not only use tartrate of antimony, as an emetic in fever, but also combine it with some cathartic medicine, as aloes, jalap, calomel, &c., making the most villainous, death-dealing compound which ingenuity can devise. Of all the medicines which the physician uses, the most pernicious is probably that once popular compound, calomel and jalap. It seems strange that in these days, with the light of pathology strongly shining on us, a living specimen of this barbarous practice can be found in the land. Yet it is nevertheless true, and their number is quite too many. I know of but one or two instances where this composition is used with any show of plausibility, and that is in some forms of dropsy—anasarca, for instance—and perhaps some cases of ascites. But its use in fever, or to relieve a foul stomach, though it may operate to our heart's content, is anything but judicious. True, patients live through it, and may even get relief when oppressed with bile or foul substances in the prima viæ; but wo unto him if the mucous membranes are in an irritable and inflamed state, for it cannot fail of aggravating the disease. With all due deference to the memory of Dr. Benjamin Rush, I must be permitted to give it as my humble opinion that the ten grains of calomel and fifteen of jalap have done infinitely more harm than good, not to mention the bloodletting which preceded the administration of his favorite compound. Rush's practice was probably successful in the day when he used it; but I question whether it was more so than Wistar's and Physick's who pursued a far different, and in my opinion more judicious practice. Contemporary practitioners give Wistar, Physick and others, who treated fever in a different manner, an amount of success which left Rush and his followers far in the rear. But the modesty of Wistar and his advocates was as admirable a trait in their characters as was the excellence of their treatment; while the loud and sounding praises of Rush and his followers were trumpeted forth with an energy only equalled by the activity and perseverance of their treatment. If men had simply *imitated* Rush, and had applied his genius and his discrimination in practice, we might not have to complain of so many failures or disasters in treating fever; but the fact is, a man of ardent and impetuous temperament sometimes adopts the dogmas of another, who, perhaps, is of like or similar disposition, and now he applies his whole energies to his doctrines and principles, and very often, for want of ballast or judgment, will go far beyond the most liberal construction of his prototype. Many a physician has out-Rushed Rush himself in bloodletting and purgatives, when he supposed he was only imitating his beau ideal of perfection in practice. But from what I have seen of late years, I am convinced that our brethren in the West, as a general thing, treat fever most judiciously, and that the charge of giving calomel in exorbitant doses and without sufficient indications, is unfounded. In truth, I believe there is more of this drug given at the East, comparatively speaking. The use of cathartics is also given at the West with a more enlightened pathology, and with a discrimination which did not mark their exhibition a few years ago. The caution with which most physicians use tartrate of antimony, argues favorably of better times to come, for a more pernicious article can scarcely be given in fever. And yet it is capable of being made, under proper restrictions, a very valuable agent in certain diseases.

Bad as tartrate of antimony is in fever, there is one article in use at the West, which is worse, if possible, than antimony. I allude to lobelia. But its use is confined almost wholly to empirics, though occasionally used by some wiseacre who thinks himself capable of prescribing for his own family. Thomsonism is getting out of date, and it is rare to find a genuine one now-a-days. And as it regards homœopathy, the West is a field where it can never reap many laurels. The reasons are obvious: intermittent and remittent fevers are not enough purely *imaginary*, to be cured by the mere shadow of nothing. Such practitioners may pick up the odds and ends of what the regular physician is abundantly tired of prescribing for; but they will be compelled to emigrate to more favored climes, unless by some process they can continue to live on aliment analogous to their refined and attenuated principles. To treat successfully the diseases of the West, physicians are compelled to employ medicines of more than hypothetical efficacy.

There is one class of affections which are exceedingly prevalent in the West, and that is diseases of females. Leucorrhœa, prolapsus uteri and abortion, are very common. Pregnant females are more liable to miscarry than at the East. Repeated attacks of remittent and intermittent fever predispose the women to part with the contents of the uterus; and then the relaxation which follows, predisposes to leucorrhœa, which in turn, by still further relaxing the parts, brings on displacement and all its concomitant train of evils. Consumption is getting more prevalent, as the country grows older. It was formerly quite rare for a person to die of phthisis pulmonalis of western origin; but within a very few years this disease has been quite prevalent, and is steadily on the increase.

Respectfully yours, A. B. SHIPMAN.

Indiana Med. Coll., Laporte, Jan. 30, 1849.

SKETCHES OF EMINENT LIVING PHYSICIANS.—NO. IV.

NATHANIEL CHAPMAN, M.D.

[Concluded from page 219.]

> "Souls, truly great, dart forward on the wing
> Of just ambition, to the grand result."
> "Our hearts ne'er bow but to superior worth;
> Nor ever fail of their allegiance there."
> "Each man makes his own stature, builds himself."—*Young.*

THE personal appearance of Dr. Chapman is peculiar, and would, especially in conversation, be likely to attract the attention of a stranger. About five feet seven or eight inches high, with a well-proportioned person; his head, in walking, erect, and since he hurt his elbow joint by a fall, a few years ago, his left arm bent; walking with a short, meditative step; dressed in black cloth generally, with a white cravat and a face sadly marked by wrinkles; an eye restless as the lightning's flash, under a beetling brow of peculiar construction. The internal angle of the latter rises and falls, particularly when about to say some witty thing, to a surprising extent. His hair is now becoming quite gray, is worn short, and forms a small bunch in the middle of a high and noble forehead. Phrenologically, his approbativeness is larger than his self-esteem, his firmness quite prominent, while his reverence and mirthfulness, the latter peculiarly so, are well developed. His broad brow, and length of line from this to the ear, indicate large perceptive faculties. Of his reflective organs, comparison is much the larger. Ideality and imitation are full. But why dwell on what thousands all over our country are so familiar with? The back of his neck is broad and erect. His mouth is large, and his teeth have now decayed away so much, that the lips and cheeks begin to fall in.

In conversation, he is affable, polite, and the polished Virginia gentleman of the old school. He evidently retains a strong affection for his native State. His family is Scotch, and hence, perhaps, those traits of decision and shrewdness which are common to him, with others of our Philadelphia physicians who have distinguished themselves in their profession. Almost any market day, Professor C. may be seen going *seriously* down through the market, for a mile, *pricing* the various articles, and joking with the huckster-women. His strong social powers, and love of mirth and humor, induce him, at least twice a week, to take this tour. His servant drives his carriage slowly along the street, keeping his eye upon his master, and collecting the marketing as it is purchased. Many laughable jokes have occurred to Dr. C. in these promenades. To the many alumni of the University, I need only refer to that of the *fowl*; by which one of the doctor's colleagues, whose moral character is irreproachable, was for a time in a very doubtful position. In consultation with a physician one day, in a case where a lady was very ill, every thing had been done that could be done, almost, but she had still become worse. The Doctor, not knowing exactly what to do, walking hastily up and down the room for a few minutes, then taking out his snuff-box, rapping it, and taking a pinch of snuff in his peculiar way, he stood by the bed-side, and in a quick, sharp tone of voice said, "Madam! do you like buttermilk?" The lady replied, in a weak voice, that she was not averse to buttermilk. "Then," said he, "drink buttermilk—drink buttermilk, and you will soon be better;" and turning upon his heel, took the other doctor by the arm and walked out of the house. Happily, the buttermilk, or something else—perhaps the *vis medicatrix naturæ*—soon restored the woman to health. We would be glad to add many other anecdotes, puns, &c. of Dr. C.; but most of us know that these will not bear printing.

When Rush left the stage of action, and the University of Pennsylvania, the mantle of popularity fell upon Dr. Physic and Dr. Chapman. Dr. Physic has passed away, and Dr. C. has heretofore borne it alone. But the world rolls on; even he, the wit among the wittiest, the urbane among the polite, the eloquent among the eloquent, and the great medical authority of Philadelphia, is passing away. Age, although it has not yet dimmed his eye, has dampened his energies, and "garrulous old age" is beginning to spread its lethic mantle over his body and mind; and ere long the following lines of Burns on Mathew, with the little change made, will be applicable to Professor C.

"If thou at friendship's sacred ca'
Would life itself resign, man;
Thy sympathetic tear maun fa',
For C—— was a kind man.

"If thou art staunch without a stain,
Like the unchanging blue, man;
This was a kinsman o' thy ain,
For C—— was a true man.

"If thou hast wit, and fun, and fire,
And ne'er guid wine did fear, man;
This was thy billie, dam, and sire,
For C—— was a queer man."

CATO.

PHYSICIANS—THEIR PHILANTHROPY AND ITS REWARD.

FROM AN "ESSAY ON PHYSICIANS."

[Communicated for the Boston Medical and Surgical Journal.]

IT is of physicians as philanthropists, I would now speak. There is no other class of men that perform so many deeds of mercy and beneficence, unstimulated by hope of reward. Like angel visitants, unseen by the world, they penetrate the dark abodes of sin and suffering, bringing balm with their presence—the balm of physical relief and kindly words. Without money or price, through storm and darkness, worn by fatigue and anxiety, with no eye to witness, save the Great Physician's, they go, on errands of charity, to the obscure of earth. Compared with their's, what is the benevolence of him who gives, from his abundant treasures, hundreds and thousands to some praiseworthy object? "*He opens his hand*, and they are satisfied." But for this wealthy donor, where is the toil, anxiety and sacrifice of repose and quiet, which are inseparable from the physician's charities? And where is the generous acknowledgment from the gratified public? The good name, so nobly earned by both, why shares not the physician equally with the other? Verily, fame, thou art unjust. Multitudes have passed away, and multitudes of this profession still remain, who are as genuine philanthropists as was Howard. Yet, who remembers that daily these are abroad, "taking the gauge and dimensions of misery," familiar with "dungeons and hospitals," meeting disease and death in their most appalling forms—who knows this, and from whose hand comes their reward of merit?

Not alone in such acts, is the benevolence of the profession demonstrated. Not a few have devoted time and talents, from early manhood to old age, halting only with tottering reason, and have sacrificed all to the investigation of causes and treatment of some particular malady; but the result of their labors is appreciated only when the untiring authors are removed far from human commendation, and those who share the relief, know not to whom their gratitude belongs. How many have thus labored for the good of the race: if without timely praise, not without some pure enjoyment. Aside from the interest of the subject, there is a pleasure in relieving distress, that not even angels may know, belonging only to those who have earned the power; and to them it is more valuable than fleeting praise.

Society is a wonderful paradox, noted for contradictions; while professing to reward merit in every condition, to seek the wisdom of the wisest in framing acts for the public good, it is strangely blinded to the worth of individuals. While presumptive insolence and pettifogging prevail to draw masses to their opinions, and through them obtain promotion, how many physicians, as skilful "to guide the State" as in healing, are never in the course of life called to any post of honor, out of the pale of their own profession. Physicians are men, and have interests in common with others, beyond their professional relations. And though applause is not their *object* in their benevolent acts, *it is* an invaluable spur to diligence, to which few are insensible, and which the public should freely, yet in justice bestow. It will not be denied that civic honors are bestowed less frequently on the medical profession than on others; indeed, there is a strange inequality in the allotments. From this fact it is deduced, that if the professed design of our government and institutions is honest, in honoring those to whom honor is due, or in proportion to the good done the community, then there has been a great failure in discrimination. We can account for this fact by glancing at the different standards of merit. At the present, the mania is for elevating those who have served their country as military heroes, or men of *words*, rather than those who have watched the welfare of the community in the quiet walks of life. Again, it is allowed that learning, mental discipline, cool judgment and integrity are among the qualities requisite to our legislators; none will deny, the profession in question can furnish at least as many men of this stamp as can be gleaned from military ranks or any other, since the daily duties of physicians demand the culture and exercise of these qualifications. Let society, then, look on its physicians more in the light of public benefactors, and permit them to share *equally*, at least, its trust and honors: and by future treatment show that medicine is no longer regarded as the "*ne plus ultra*" of a physician's knowledge; or its practice, his impassable sphere. CLIO.

Rockville, Ct., April 14, 1849.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 25, 1849.

Delegates to the Medical Association.—As requested in the advertisement which is inserted to-day, delegates are urgently requested to call on the committee of arrangements and record their names, residences, and lodgings while in the city, immediately on their arrival. Such a course will facilitate business, and enable friends to find each other readily. On no account should it be neglected.

Epidemic Cholera.—Society becomes familiar with a pestilence, as it does with moral evils which cannot be wholly overcome. The most desolating epidemics, which at first spread consternation through the land, soon lose some of their terrors, and the most timid people become so familiar with death, as to neglect precautionary measures perfectly within their control. Cholera has been ringing in the ears of all nations till a degree of indifference now characterizes the public sentiment, instead of the fear and trembling which at one time were impressed on every countenance. Fearful, indeed, have been the onward marchings of that mysterious disease. No specific remedy is yet placed within our reach; and it is the deliberate opinion of men of distinguished attainments in medicine, that the laws by which it is governed are now no better understood than when the story of its desolations in Asia was first promulgated. Still, out of the vast accumulation of treatises that have been written, heralding the experience of individuals, the theories and speculations of philosophers, and the results of medications in different countries, it would be a phenomenon indeed if something had not been achieved calculated to ameliorate the condition of the victims, and raise an expectation of an ultimate triumph of science over the insidious devastations of this modern plague.

These reflections are called forth by an examintion of a small but sterling essay on "Epidemic Cholera, its history, causes, pathology and treatment, by C. B. Coventry, M.D., Professor of Obstetrics and Medical Jurisprudence, at Geneva College and the University of Buffalo." When the cholera appeared at Montreal, in 1831, the author, by order of the Board of Health of Utica, visited that city, and prepared and presented an address on the subject. When it afterwards existed at Albany and New York, he was again sent, by the municipal authorities, to investigate its nature. The work, therefore, is the result of sytematic inquiry, and is worthy the attention of the faculty. In common with most writers on the subject, Dr. Coventry says we should attend to the first premonitions of the disease. "At that time it is cured with almost certainty; but if permitted to go until the vital powers are paralyzed, medicine has no effect, and is useless."

Cincinnati Commercial Hospital.—The following note was received from J. R. Buchanan, M.D., one of the professors of the Eclectic Medical Institute, Cincinnati.

Dear Sir,—Your statement (March 28) that "Students of the Eclectic Medical Institute sought admission to the Commercial Hospital of Cincinnati, upon equal terms with those of the Ohio Medical College, but the Judge decided that they could not be so admitted," is materially incorrect.

There is no legal restriction upon the admission of medical students of any school to the Commercial Hospital. The authorities of that institution have heretofore chosen to exercise their power in admitting the students of one school only, and excluding others who constitute a majority of those in the city. This inequality the Legislature had attempted to remedy by a statute passed in 1839, which gave an equal right of admission to the different classes of students. As the Trustees refused to obey this law, and admit the students who applied, a writ of *mandamus* was issued for the purpose of compelling their obedience. In the trial of the case, however, a new construction was given to the law by the Judge, contrary to the general opinion of both the legal and medical professions. By this construction, the act in question was regarded as limited in its operation to the time of the existence of the old Cincinnati College, and as entirely null at the present time. Hence the court would not enforce the act, but left the Trustees to exercise their own discretion. This view of the case had not even been alluded to by the learned counsel who argued the matter on both sides, and caused some surprise when the decision was given. Hereafter, I have good reason to believe that this system of favoritism will be abolished, and all students admitted upon equal terms after the present year.

Cincinnati, April 9, 1849. J. R. B.

Norfolk County Medical Meeting.—The convention of the physicians of Norfolk County met at Temperance Hall in Dedham. Present, Drs. Alden, of Randolph; Storer, Walpole; Cushing, Dorchester; Bartlett, Roxbury; Gibbens, Weymouth; Woodward, Quincy; Stimpson, Dedham; Cotting, Roxbury; Ware, Milton; Dickerman, Medfield; Mann, Foxboro'; Winship, Roxbury; Faulkner, do.; Flint, do.; Wight, Dedham; Miller, Dorchester; Whitney, Dedham; J. B. Walker, East Stoughton; E. Jarvis, Dorchester. The convention was called to order by Dr. Alden. Dr. Alden was elected President, and Dr. Jarvis Secretary. Dr. Alden then proposed the question of forming a county medical society. On motion of Dr. Bartlett, of Roxbury, voted that a committee be chosen to take into consideration the expediency of forming a district society; also to confer with the Suffolk District Society in regard to the union of the physicians of Norfolk with the Society of Suffolk, and to report at a future meeting, after the adoption of the new by-laws. Voted, that this committee consist of five, to be nominated by the Chair. The President nominated Drs. Stimpson, Bartlett, Cotting, Miller and Jarvis, who were chosen. On motion of Dr. Mann, of Dedham, voted, to elect a committee who shall nominate a board of counsellors to be elected by the State Society at the next annual meeting. Drs. Stimpson, Cushing and Storer were elected. Dr. Alden retired, and Dr. Stimpson was appointed to take the chair. Dr. Stimpson then reported, for the committee of nomination—Drs. Storer; Appleton Howe; Simeon Tucker, Stoughton; Henry Bartlett; Ebenezer

Woodward ; S. Salisbury, Medway ; Jona. Ware ; Edward Jarvis ; D. P. Wight, Dedham. Adjourned. Edward Jarvis, *Secretary.*

Vital Dynamics.—Dr. Dowler's curious and instructive researches upon vital dynamics of civil government, which first appeared in the New Orleans Medical Journal, display great learning and patience. Only 100 copies were published in a pamphlet form. Those who have the good luck to possess one should keep it as a treasure, for it will by-and-by be valued far beyond its present worth, highly as it is now estimated.

Paronychia.—In the Bulletin de l'Academie de Médecine de Belgique, 1848, there is a suggestion of Dr. Henroz, concerning the means of diminishing the distressing, throbbing pain of this affection. He has succeeded, by trials upon himself, in annulling the pain of a whitlow, by skilfully compressing the brachial artery between two little splints. The author adds, that moderate pressure of the radial artery near the wrist will suffice, when the inflammation has attacked either the thumb, index or middle finger ; whilst compression of the ulnar will allay the pain in the ring and little fingers.—*London Lancet.*

Medical Miscellany.—Twenty-one students of medicine took the degree of M.D. at the spring commencement of the Philadelphia College of Medicine ; ad eundem, H. L. Bird, M.D., of South Carolina, and E. R. Smilie, M.D., Boston. Hon. degrees were conferred on Dr. W. L. Richardson, of Mass., Dr. Ira Warren, of do., and Dr. Joseph Gaston, of Penn.—The erection of a hydropathic college is contemplated in the city of New York. An anti-tobacco society, recently organized, is now in full blast in the same city, R. T. Trall, M.D., being president.—Dr. W. J. McKain, of Camden, S. C., has been fighting a duel.—In the year 1848 there were 3079 sick emigrants, chiefly Irish, thrown upon the city of New York, on the arrival of the vessels which brought them ; and out of that number, 1002 died. Emigration, and consequently sickness on ship-board, will probably increase enormously the present summer.—Daniel Smith is President of the Philadelphia College of Pharmacy.—An old man in Havana, 120 years old, recently applied for a license to fish.—Dr. Thomas M. Foote, of Buffalo, has the offer of Charge d'Affaires to Bogota, say the papers.—In imitation of the National Medical Association, the steamers, lobelia people, and all anti-regulars, propose to hold a great national convention at Cincinnati on the first Tuesday in July next.—Mobile papers complain of the unhealthy state of that city.—An Aberdeen paper states that whilst the prayer book, together with all the clothes of a deceased cholera patient, were carefully burnt, six £1 notes, found on his person, were religiously preserved, they not being contagious !—Benjamin Silliman, Jr., of New Haven, has been appointed Professor of Chemistry in the University of Louisville, Ky., and Dr. Yandell to the Chair of Physiology and Pathological Anatomy.—J. L. Comstock, M.D., of Hartford, Conn., is the author of a valuable history of the precious metals.—Dr. Harris's great dictionary of dental science has just been received in Boston.—The Pennsylvania Medical College, Philadelphia, has purchased the ground now occupied by the old frame tenements at the corner of Shields court, on the west side of Ninth street, below Locust, and intend immediately erecting upon the site a splendid college edifice.

MARRIED,—Geo. B. Twitchell, M.D., of Keene, N. H., to Miss I. E. Thayer, of Boston.—John H. Robinson, M.D., of Charlestown, Mass., to Miss M. E. Waite.

DIED,—At Savannah, Geo., by suicide, Dr. William Woodruff, a native of Bridgeport, Conn.—At Camargo, Mexico, of cholera, Dr. F. K. Robertson, of Spencer, Mass.

Report of Deaths in Boston—for the week ending April 21st, 109.—Males, 49—females, 60.—Of consumption, 24—infantile, 7—measles, 17—scarlet fever, 10—lung fever, 2—brain fever, 1—accidental, 2—dropsy on the brain, 4—croup, 3—disease of the heart, 1—marasmus, 1—scrofula, 1—dysentery, 1—delirium tremens, 1—convulsions, 2—inflammation of the lungs, 3—dropsy, 5—inflammation of the bowels, 3—teething, 3—child-bed, 2—old age, 3—inflammation of the brain, 1—disease of the lungs, 1—disease of the brain, 3—influenza, 1—inflammation of the chest, 1—suffocation, 2—pleurisy fever, 1—puerperal fever, 1—cholera morbus, 1—diabetes, 1.

Under 5 years, 52—between 5 and 20 years, 12—between 20 and 40 years, 25—between 40 and 60 years, 12—over 60 years, 8.

Cholera.—The steamboats ascending the Mississippi and its tributaries are infested with cholera. Upon nearly all that have arrived at Louisville from New Orleans during the last fortnight, cases, some of them fatal, are reported to have occurred. The disease is prevalent at New Orleans, but not to an extent to excite any alarm. The Nashville papers of the 24th March, mention several cases of the epidemic as having appeared in that city, but only one death is reported. During the week ending the 19th of March, twenty-six deaths from cholera took place in St. Louis. The epidemic has made its appearance at the Jefferson Barracks, and from the 13th to the 19th of March, twenty-seven deaths from the disease occurred among the troops stationed there. A few cases have originated in Louisville, and some deaths have been attributed to the disease within a few days; but thus far it has not manifested an epidemic tendency, unless the frequent occurrence of bowel complaints may be regarded as such. These affections, in some instances, have been severe, but a prompt resort to remedies has quickly subdued them.

The pestilence has lingered long about Nashville without becoming epidemic, or spreading to the towns or country around. Dr. Buchanan, in a letter to us, dated 25th February, makes the following interesting statements respecting the disease.

"Up to the present time we have had about fifty deaths here from the cholera, and a much greater number of cases, the large proportion of which were mild at the commencement. Indeed, almost every case gave timely warning by some premonitory symptom, which, among the intelligent, was properly regarded and easily removed; but among the indigent and ignorant, often ran on to fatal collapse before assistance was sought. In our practice here, we have found that opium and diffusible stimuli are *the* remedies to be relied on to avert the disease. Given in time, they are almost infallible; at least they have proved so under my own observation; and the success attending the bold administration of opium, even in almost hopeless cases, has been far beyond my expectation."—*Western Med. Jour.*

A Cause of Failure in the Cure of Cataract.—Dr. Martinez mentions in the *Annales de Ciruria* (a Spanish publication), that the common practice of enforcing the protracted closure of the eyes after the above operation for cataract very often leads to failure. He thinks that this measure prevents the escape of the tears and other liquids, and thus brings on inflammation in the organ. The author also allows his patients to leave their bed a week after the operation, and directs them to take solid food the very first day.—*London Lancet.*

Preservation of Corpses in Siberia.—M. Erman, the celebrated geographer and traveller, mentions, that whilst he was at Beresov, the body of Prince Menchikof, prime minister to Peter the Great, was exhumed, after being buried for the space of ninety-two years. The coffin had been placed in the frozen ground, and the former, as well as the body, were found in excellent preservation. The shroud in which the Prince was wrapped, as well as his heart, have been sent to his family as relics of the deceased. —*Lond. Lancet.*

New Medical Books in London.—An Essay on Cerebral Affections occurring more commonly in Infancy and Childhood. By Valentine Duke, M.D.—Cholera Gleanings, a Family Handbook. By D. J. Gillkrest.